

Participatory Research in Action: Marrying Good Science And Local Benefit



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PSYCHIATRIC
HELP 5¢




THE DOCTOR
IS IN



VHA OFFICE OF RURAL HEALTH (ORH)

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 About the ORH
 What is "Rural"?
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Native Domain

American Indian - Alaska Native - Native Hawaiian - Pacific Islander

FOCUS

The three core focus areas are:
[Population Science](#)—to

NEWS

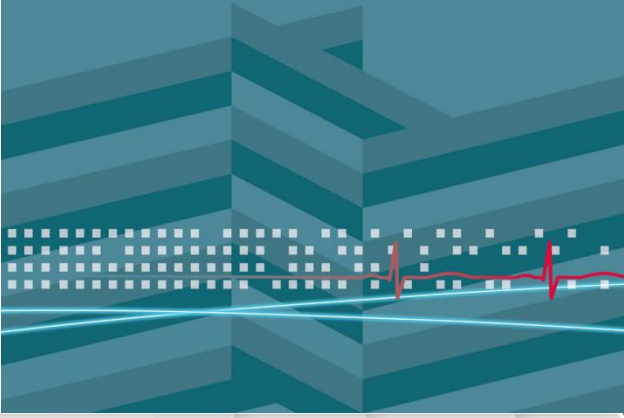
May 28, 2012 - In Sweat Lodge, Vets Find Healing 'Down To The Core'

HIGHLIGHTS

"Cultural Awareness to Help While Serving Native Veterans" Webinar Now Available

Practice Guidelines for Videoconferencing-Based Telemental Health

August 2009



Review of American Indian Veteran Telemental Health

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working to improve the care for rural Native American veterans as a model in the use of telemental health services and access to rural veteran and non-veteran.

Key words: telehealth, military medicine, rural veterans, American Indian, Alaska Native, Native Hawaiian, Pacific Islander

Introduction

Veterans from the Native American, Alaska Native, and Pacific Islander communities have a rich and exemplary tradition of military service. Serving at the highest rate per capita in the U.S. Armed Forces,^{1,2} they are disproportionately affected by the consequences of service, including high rates of posttraumatic stress disorder (PTSD) and other mental health conditions. The American Indian Vietnam Veterans Program, a comprehensive community-based epidemiological study of this population, documented a 59% lifetime prevalence of PTSD and a 59% lifetime prevalence of alcohol abuse and dependence, significantly higher than any other population. This study, along with subsequent research, has identified an unmet need for PTSD and other mental health services among American Indian veterans along with



TELEMENTAL HEALTH GUIDE


ABOUT RESOURCES TESTIMONIALS SITEMAP

CLINICIANS & ADMINISTRATORS CONSUMERS & COMMUNITY MEMBERS POLICYMAKERS MEDIA & MARKETING

Get the most up to date listing of papers on telemental health from the National Library of Medicine's "PubMed" system.

Here you will find:


- an overview of telemental health
- how telemental health improves access to mental health services
- the steps to develop a telemental health program
- how best to use the unique service delivery tool
- how to fund and sustain a telemental health program, and
- how to market services to stakeholders



➤ The Definition of Telemental Health



➤ Marketing Tools



➤ Implications and Benefits of Telemental Health

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Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics

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This section contains codes for Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics. For IHS/MOA billing code information, refer to the *Indian Health Services (IHS), Memorandum of Agreement (MOA) 638, Clinics: Billing Codes* section in this manual.

Program History

On April 21, 1998, the California Department of Health Services (CDHS) implemented the IHS/MOA between the federal IHS and the Center for Medicare & Medicaid Services. The IHS/MOA changed the reimbursement policy for services provided to Medi-Cal recipients within American Indian or Alaskan native health care facilities identified as 638 facilities.

DHS compiled a list of IHS clinics and mailed a letter to each provider informing them of the option to participate as a 638 clinic under the MOA. Providers electing to participate were asked to complete and return an "Elect to Participate" *Indian Health Services Memorandum of Agreement (IHS/MOA) Application* (form DHS 7108) to the Medi-Cal Policy Division at CDHS.

Enrollment

Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and certain Primary Care Clinics (PCCs) designated by the federal IHS as eligible to participate in the IHS Memorandum of Agreement (MOA) may enroll as IHS clinic providers. Clinics cannot be designated as both an IHS and an RHC/FQHC/PCC provider. Other current provider numbers are inactivated at the time of enrollment.

Providers may enroll as an IHS clinic by completing an "Elect to Participate" *Indian Health Services Memorandum of Agreement (IHS/MOA) Application* (form DHS 7108). The application is available at the end of this section and may be photocopied and mailed to:

Attention: IHS/MOA 638 Application
CDHS Medi-Cal Benefits Prof. Serv. Unit
714 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320

Faxed applications will not be considered.





Screening, Brief Intervention and Referral for Treatment (SBIRT)



Southcentral Foundation

- A 501(c)3 chartered under the Cook Inlet Region, Inc., manages the Anchorage Native Primary Care Center which is part of the Alaska Native Medical Center.
- Family Medicine Clinic is staffed by 36 clinical workgroups composed of physicians, nurses, health paraprofessionals, and behavioral health specialists.
- Family Medicine Clinic sees >36,000 unduplicated patients per year who make over 80,000 visits annually; more than 90% of these individuals are Alaska Natives.



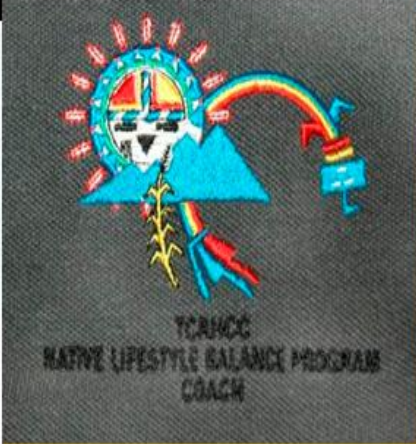
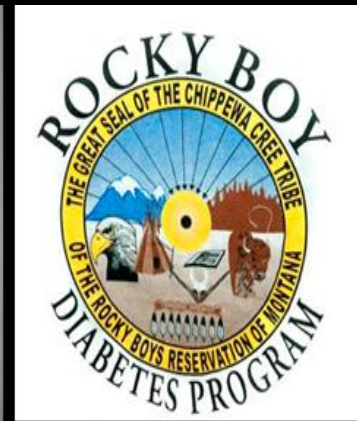
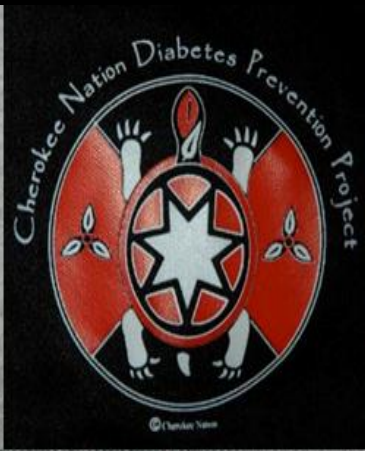
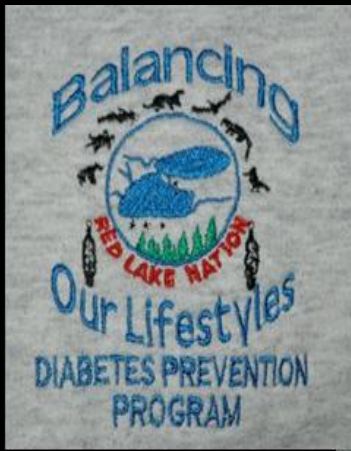
Chief Andrew Issac Health Center

- A 501(c)3 chartered under the Tanana Chiefs Conference, Inc., manages the Chief Andrew Issac Health Center located in Fairbanks, AK
- Staffed by 8 clinical workgroups composed of physicians, nurses, health paraprofessionals, and behavioral health specialists.
- Family Medicine Clinic sees >11,200 unduplicated patients per year who make over 36,000 visits annually; more than 95% of these individuals are Alaska Natives.









Challenges

- For acquiring new, relevant knowledge
- For applying knowledge in meaningful ways
- For disseminating knowledge beyond point of discovery
- For institutionalizing knowledge in everyday practice
- For building local capacity to continue this process